कार्यक्रमों के साथ संपर्क स्थापित करने और मजबूत बनाने की योजनाओं को कार्यान्वित किया जा रहा है और उन्हें और सुदृढ़ किया जाएगा विशेष जरूरतों को पूरा करने के लिए चुने हुए राज्यों में स्वास्थ्य और परिवार कल्याण सेवा-वितरण पद्धति के बुनियादी ढ़ांचे का विस्तार करने के लिए बहुत सी क्षेत्र परि-योजनाएं चलाई जा रही हैं और चिकित्सा तथा अर्ध चिकित्सा कार्मिकों को प्रशि-क्षण प्रदान किया जा रहा है । उपलब्ध सीमित संसाधनों के अंदर जनसंख्या की वृद्धि दर में कमी लाने के लिए भरसक प्रयास किए जा रहे हैं ।

Safe Drinking Water to Villages

1331. SHRI MURLIDHAR CHAND-RAKANT BHANDARE:

SHRI MAHENDRA - PRASAD;

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) what has been the impact of the International Drinking Water Supply and Sanitation Decade (IDWSSD) in providing safe drinking water to villages in different States *and* Union Territories, and containing and eradicating water-borne disease", including guinea-worm in the country;

(lb) the expenditure incurred thereon so fa]. -, State/territorywise; and

Cc) whsther guinea-worm is expected to be second disease after small pox that can be totally eradicated if the programme is carried on further; if so, what plan if any, has been chalked out in that direction?

THE MINISTER OF HEALTH AND FAMILY 'WELFARE (PROF. SHAK-EELUR REHMAN: (a) and (b) The information is being collected anti will be laid on the tsble of the Sabha.

(c) Yea, Guinea-worm is expecte to be the second disease after small pox which can be totally eradicated. All the Guinea-worm epidemic State have priorities the implementation GWEP by strengthening.

(i) the Guineaworm Surveillance and Guinea-worm patient management (ii) Community education, (iii) Intersectoral Co-ordination between the health and PHED for argumentation of safe drinking water supplies to the Guinea-worm affected village on priority, (iv) efficient vector control with tempehos and (v) continued trained manpower development with concurrent monitoring and evaluation of the programme for timely corrective measures.

BICP recommendations for bulk drug prices

1332. SHRIMATI SATYA BAHIN: Will the Minister of PETROLEUM[1] AND CHEMICALS be pleased to state:

(a) what are the names of price controlled bulk drugs and formula tions for which BICP have failed to recommend prices after the promulg ation of Drug Prices Control Order, 1987;

(b) what are the names of produ cers and what are the reason$_s$ for delay and who is responsible for such a state of affairs; f-nd

(c) what steps have been taken and by when the prices of drugs and fin ished medicines involved would be fixed?

THE MINISTER OF PETROLEUM AND CHEMICALS AND PARLIA MENTARY AFFAIRS (SHRI SATYA PRAKASH MALAVIYA)- (a) and (b> Name of the bulk drug$_s$ for which BICP is yet to recommend prices after the p ornulgation of DPCO, 1987 have already been given in reply to Rajya Sabha Unstarred Question No. 402 answered on 31-12-90. Several of these bulk drugs are imported and the prices of formula-tions based thereon have already

been fixed. BICP is able to recommend the prices of bulk drugs only after the concerned manufacturers have made available the cost data for cost-cum-technical study.

(c) Fixation/revision of prices is an on going process and the prices of the drugs involved would be fixed as early as possible, BICP is also regularly remainded to expedite their findings.

Study for increase in conversion cost and packaging charges

1333. SHRIMATI SATYA BAHIN: Will the Minister of PETROLEUM AND CHEMICALS be pleased to state;

(a) what were the names of the companies which were studied by Shankaran Committee for the pur pose of recommending increase in conversion cost ard packaging char ges;

(b) what is the year to which this study relates and what were the conversion costs and packaging charges for these companies in question bassd on the norms and what were the actual conversion cost and packaging charges of each company during that year;

(c) what wero 'he expenses included in the conversion costs and packaging charges and whether their de-tails were furnished by the concerned companies;

(d) what was che percentage increase allowed cn conversion and packaging charges based on Shankaran Committee recommendation;

(e) whether it fs a fact that increase is not uniform for all pack sizes and all types of formulations viz, liquid, tablets, capsules and injections; and

(f) if so, what steps have been ta ken for extensive study?

THE MINISTER OF PETROLEUM AND CHEMICALS AND PARLIAMENTARY AFFAIRS (SHRI SATYA PRAKASH MALAVIYA): (a) and (b) Shankaran Committee called for the data from 35 companies, however, on the basis of availability of requisite information data from sixteen companies was considered. Data studied was for the years 1985-86 and 1986-87. The names of companies and the comparison between data furnished by them and norms is given at Annexure. [See Appendix CLVI, Annexure No. 33].

(c) Companies were asked to furnish information like wages, consumables utilities etc. included in the conversion cost and packing charges. These details were utilised to the extent available

(d) The Commtttee recommended implementation of revised norms in parts. Hence, only 50 per cent of recommended increase has been allowed uniformly.

(e) The increase for various types of formulations varies from dosage form to dosage form because of difference in inputs going into those dosage forms

(f) Presently, BICP has been asked to undertake a fresh study.

Treatment Centres for Mentally Retarded Persons

1334. SHRI B. K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a neurological disorder The Rett Syndronio is mentally han-dicspped is now widely recognised and if so, estimate'-! numbers of sufferers in India;

(b) whether any treatment centres have been set up to met the challenge: and

(c) whether NGOs such as Sama-dhan, New Delhi will be involved in carrying out survey and establ: sh-ment of treatment; centres in the country?